

ENROLLMENT TELEPHONE SURVEY:
Draft: November 18, 1996

I. JOB DESCRIPTION

I.1 According to the information we were given by [fillin EMPLOYER], you are currently an employee of [fillin EMPLOYER]. Is that correct?

- <1> Yes
- <5> No [Terminate interview]
- <9> Refused

I.2. Do you usually work for [EMPLOYER] at least one-half of the time? How many hours per week do you usually work for [EMPLOYER]?

- <xx> Hours
- <a> No, works less than one-half time [Terminate interview]
- <8> Refused

I.3. Are you currently covered by a health plan or health insurance provided by [fillin EMPLOYER] other than Workers' Compensation?

- <1> Yes
- <5> No [Terminate interview]
- <8> Don't know
- <9> Refused

I.4. What is your current job title at [fillin EMPLOYER]?

I.5. What kind of work do you do at [fillin EMPLOYER]?
What are your main duties at [fillin EMPLOYER]?

I.6. How long have you worked for [fill EMPLOYER]?

- <0> Less than one year
- <1-30> Number of years
- <x> 31 or more years [SPECIFY]
- <98> Don't know
- <99> Refused

I.7. How long have you been doing the kind of work you are currently doing at [EMPLOYER]?

Please include the work you did at [fillin EMPLOYER] as well as any previous jobs other where you were doing basically the same kind of work.

- <0> Less than one year
- <1-30> Number of years
- <x> 31 or more years (SPECIFY)
- <a> Don't know
- Refused

I.8. Are you currently working for any other employers? In other words, do you have more than one paid position?

- <1> No [skip to next section]
- <5> Yes

I.9. How many different jobs do you currently have?

- <2> Two
- <3> Three
- <4> Four or more

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SOURCE:

- Items 1-3: RAND team
- Items 4-7: UCB Voc Rehab Survey
- Items 8-9: RAND team

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II. RISK FOR WORK INJURY

II.1. I'd like to ask you a few questions about your main duties at [EMPLOYER].

How often does your job require you to do repeated strenuous physical activities such as lifting, pushing, or pulling heavy objects?

- <1> Very often
- <2> Often
- <3> Sometimes
- <4> Never or almost never
- <8> Don't know

II.2. How often does your job require you to do repeated bending, twisting or reaching?

III. JOB SATISFACTION/ATTITUDES TOWARD EMPLOYER

I'd like to ask a few questions about how satisfied you are with your job at [fill in EMPLOYER] and what your job is like.

III.1 First, how satisfied are you with your pay? Would you say you are...

- <1> Very satisfied?
- <2> Somewhat satisfied?
- <3> Somewhat dissatisfied?
- <4> Very dissatisfied?

III.2 How satisfied are you with your working conditions? Would you say you are...

- <1> Very satisfied?
- <2> Somewhat satisfied?
- <3> Somewhat dissatisfied?
- <4> Very dissatisfied?

III.3 How satisfied are you with your job responsibilities? Would you say you are...

- <1> Very satisfied?
- <2> Somewhat satisfied?
- <3> Somewhat dissatisfied?
- <4> Very dissatisfied?

III.4 How satisfied are you with your supervisor at [EMPLOYER]?
Would you say you are...

- <1> Very satisfied?
- <2> Somewhat satisfied?
- <3> Somewhat dissatisfied?
- <4> Very dissatisfied?

Now, I am going to read you some statements that describe how you might feel about your job. I'd like you to tell me how accurate each statement is in describing how you feel about your job.

III.5. How about "My job allows me freedom to decide how to do my own work". Would you say that that statement is...

- <1> Very true for you
- <2> Somewhat true
- <3> Somewhat false, or
- <4> Not at all true

III. 6. How about "I get to take part in making decisions that affect me". Would you say that that statement is...

- <1> Very true for you
- <2> Somewhat true
- <3> Somewhat false, or
- <4> Not at all true

III.7. "My job requires that I make decisions on my own." Would you say that that statement is...

- <1> Very true for you
- <2> Somewhat true
- <3> Somewhat false, or
- <4> Not at all true

III.8. "I have a lot of say over what happens on my job." Would you say that that statement is...

- <1> Very true for you
- <2> Somewhat true
- <3> Somewhat false, or
- <4> Not at all true

III.9. How much would you agree or disagree with the statement, "[EMPLOYER] is concerned about my health and welfare"? Would you say that you...

- <1> Strongly agree
- <2> Somewhat agree
- <3> Somewhat disagree, or
- <4> Strongly disagree

III.10. How much would you agree or disagree with the following statement, "[EMPLOYER] provides a safe working environment"? Would you say that you...

- <1> Strongly agree
- <2> Somewhat agree
- <3> Somewhat disagree, or
- <4> Strongly disagree

III.11. How much would you agree or disagree with the following statement, "[EMPLOYER] is fair to me"? Would you say that you...

- <1> Strongly agree
- <2> Somewhat agree
- <3> Somewhat disagree, or
- <4> Strongly disagree

- <2> Very good
- <3> Good
- <4> Fair
- <5> Poor

Now I'm going to read a list of activities that you might do during a typical day. As I read each item, please tell me if your health now limits you a lot, limits you a little, or does not limit you at all in these activities.

IV.2. ...moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf. Does your health now limit you a lot, limit you a little or not limit you at all?

IF R SAYS S/HE DOES NOT DO ACTIVITY, PROBE: Is that because of your health?

- <1> Yes, limited a lot
- <2> Yes, limited a little
- <3> No, not limited at all

IV.3. ...climbing several flights of stairs. Does your health now limit you a lot, limit you a little, or not limit you at all.

IF R SAYS S/HE DOES NOT DO ACTIVITY, PROBE: Is that because of your health?

- <1> Yes, limited a lot
- <2> Yes, limited a little
- <3> No, not limited at all

The following few questions ask you about your physical health and your daily activities.

IV.4. During the past 4 weeks, have you accomplished less than you would like as a result of your physical health?

- <1> Yes
- <2> No

IV.5. During the past 4 weeks, were you limited in the kind of work or other regular daily activities you do as a result of your physical health?

- <1> Yes
- <2> No

During the past 4 weeks, have you had problems with...

IF R SAYS S/HE DOES NOT DO ACTIVITY, PROBE: Is that because of your health?

IV.6. Lifting or carrying groceries?

- <1> Yes, limited a lot
- <2> Yes, limited a little
- <3> No, not limited at all

IV.7. Opening jars, using keys or handling other objects?

- <1> Yes, limited a lot
- <2> Yes, limited a little
- <3> No, not limited at all

The following two questions ask about your emotions and your daily activities:

IV.8. During the past 4 weeks, have you accomplished less than you would like as a result of any emotional problems such as feeling depressed or anxious?

- <1> Yes
- <2> No

IV.9. During the past 4 weeks, did you not do your work or other regular activities as carefully as usual as a result of any emotional problems, such as feeling depressed or anxious?

- <1> Yes
- <2> No

IV.10. During the past 4 weeks, how much did pain interfere with your normal work, including both work outside the home and housework? Did it interfere...

- <1> Not at all
- <2> A little bit
- <3> Moderately
- <4> Quite a bit, or
- <5> Extremely

IV.11. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities like visiting with friends or relatives? Has it interfered...

- <1> All of the time
- <2> Most of the time
- <3> Some of the time
- <4> A little of the time, or
- <5> None of the time

The next questions are about how you feel and how things have been with you during the past 4 weeks.